



Thomas Jefferson University
Jefferson Digital Commons

Phase 1

Class of 2022

1-2020

Helping Continuing Care Retirement Communities Determine the Best Level of Care for Each Patient

Austin Klein

Nicholas Safian

Grant Schultheis

Sopuru Ezeonu

Danielle Snyderman, MD

Follow this and additional works at: https://jdc.jefferson.edu/si_des_2022_phase1



Part of the [Geriatrics Commons](#)

[Let us know how access to this document benefits you](#)

This Article is brought to you for free and open access by the Jefferson Digital Commons. The Jefferson Digital Commons is a service of Thomas Jefferson University's [Center for Teaching and Learning \(CTL\)](#). The Commons is a showcase for Jefferson books and journals, peer-reviewed scholarly publications, unique historical collections from the University archives, and teaching tools. The Jefferson Digital Commons allows researchers and interested readers anywhere in the world to learn about and keep up to date with Jefferson scholarship. This article has been accepted for inclusion in Phase 1 by an authorized administrator of the Jefferson Digital Commons. For more information, please contact: JeffersonDigitalCommons@jefferson.edu.

SI/DES ABSTRACT

Project Title: Helping Continuing Care Retirement Communities Determine the Best Level of Care for Each Patient

Author(s): Austin Klein**, Nicholas Safian**, Grant Schultheis**, Sopuru Ezeonu**, Danielle Snyderman, MD*

Background: The vast majority of healthcare costs are spent on the last decade of life. Older patients often have complex medical histories complicated further by physical, mental and social limitations. High levels of hospital readmittance and nonadherence further complicate care for senior adult patients. Continuing Care Retirement Communities (CCRCs) are long term care facilities that attempt to support this diverse array of problematic patients. Residents can live in several different groupings called “Levels of Care” (LOC). To maximize safety, quality of care, and patient satisfaction, it is important to place residents in the right context. This project seeks to drive consistency by creating a comprehensive integrated workflow for resident specific site selection.

Methods: To develop the model, surveys were conducted in a suburban CCRC called The Hill at Whitemarsh. Employee workflow was assessed in order to specifically identify problematic bottlenecks. Stakeholders were then canvassed to establish user-centered solutions. Several LOC tools were created and piloted until the current iteration was produced.

Results: Questionnaires were developed to systematically guide patient placement while respecting each patient’s needs. Qualitative data showed the LOC questionnaire is preferred

SI/DES ABSTRACT

over a rote decision tree because administrators were able to use their personal expertise in conjunction with the questionnaire to place residents in the best environment.

Conclusions: Restructuring the placement process will allow CCRCs to more efficiently care for this complex population. The streamlined consistency is predicted increase patient satisfaction and employee gratification. In order to validate this tool, quantitative studies are needed and scalable methods must be developed.